

**State:** District of Columbia  
**TOI/Sub-TOI:** 19.0 Personal Auto/19.0004 Other  
**Product Name:** Oden Policy Terminator  
**Project Name/Number:** DC PER Auto 51526777/DCP-CN-0518#18

**First Filing Company:** Oden, a West business, ...

## Filing at a Glance

Companies: Oden, a West business  
West Publishing Company, dba Oden  
West Publishing Corporation, using the name Oden, a West business  
West Publishing Corporation, dba Oden, a West business  
ODEN

Product Name: Oden Policy Terminator

State: District of Columbia

TOI: 19.0 Personal Auto

Sub-TOI: 19.0004 Other

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: ODEN-131486445

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: DCP-CN-0518#18

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Penny Baker, Amber King

Reviewer(s): Carmen Belen (primary)

Disposition Date: 05/04/2018

Disposition Status: APPROVED

Effective Date (New): 05/04/2018

Effective Date (Renewal): 05/04/2018

**State:** District of Columbia  
**TOI/Sub-TOI:** 19.0 Personal Auto/19.0004 Other  
**Product Name:** Oden Policy Terminator  
**Project Name/Number:** DC PER Auto 51526777/DCP-CN-0518#18

**First Filing Company:** Oden, a West business, ...

## General Information

Project Name: DC PER Auto 51526777

Project Number: DCP-CN-0518#18

Reference Organization:

Reference Title:

Filing Status Changed: 05/04/2018

State Status Changed:

Created By: Amber King

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Filing not required in Oklahoma.

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Amber King

Filing Description:

. Updated the addresses and phone numbers for the District's Assigned Risk Plans. Also adding new wording regarding failure to maintain insurance may result in revocation or suspension of the vehicle registration.

## Company and Contact

### Filing Contact Information

Deborah Rainey, Licensing Filing  
Administrator

deborah.rainey@thomsonreuters.com

1216 E Kenosha St, #144

651-848-3460 [Phone]

Broken Arrow, OK 74012-2007

651-848-9902 [FAX]

**State:** District of Columbia  
**TOI/Sub-TOI:** 19.0 Personal Auto/19.0004 Other  
**Product Name:** Oden Policy Terminator  
**Project Name/Number:** DC PER Auto 51526777/DCP-CN-0518#18

**First Filing Company:** Oden, a West business, ...

### Filing Company Information

ODEN	CoCode:	State of Domicile: Oklahoma
610 Opperman Dr; D3-S1220	Group Code:	Company Type: Advisory
Eagan, MN 55123-1340	Group Name:	Organization
(651) 848-3460 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5332 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Company, dba Oden	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5305 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, using the name Oden, a West business	CoCode:	State of Domicile: Minnesota
7645 E 63rd St., Suite 200	Group Code:	Company Type: Rate Service
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, dba Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type: Advisory
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>SERFF Tracking #:</b>	ODEN-131486445	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	DCP-CN-0518#18
<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...		
<b>TOI/Sub-TOI:</b>	19.0 Personal Auto/19.0004 Other				
<b>Product Name:</b>	Oden Policy Terminator				
<b>Project Name/Number:</b>	DC PER Auto 51526777/DCP-CN-0518#18				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/04/2018	05/04/2018

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...
<b>TOI/Sub-TOI:</b>	19.0 Personal Auto/19.0004 Other		
<b>Product Name:</b>	Oden Policy Terminator		
<b>Project Name/Number:</b>	DC PER Auto 51526777/DCP-CN-0518#18		

## Disposition

Disposition Date: 05/04/2018  
Effective Date (New): 05/04/2018  
Effective Date (Renewal): 05/04/2018  
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Oden PT Filing Cover Letter and Forms list	APPROVED	Yes
Form	Notice of Cancellation Personal Auto physical damage	APPROVED	Yes
Form	Notice of Cancellation Personal Auto all reasons	APPROVED	Yes
Form	Notice of Nonrenewal Personal Auto Physical damage	APPROVED	Yes
Form	Notice of Nonrenewal Personal Auto all reasons	APPROVED	Yes

**State:** District of Columbia  
**TOI/Sub-TOI:** 19.0 Personal Auto/19.0004 Other  
**Product Name:** Oden Policy Terminator  
**Project Name/Number:** DC PER Auto 51526777/DCP-CN-0518#18

**First Filing Company:** Oden, a West business, ...

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/04/2018	Notice of Cancellation Personal Auto physical damage	PC969702 0307DC42 018	2018	CNR	Replaced	Previous Filing Number:			PC-AUTOPHY- ALLReasons.pdf
							Replaced Form Number:	PC9697020307 DC52003		
2	APPROVED 05/04/2018	Notice of Cancellation Personal Auto all reasons	PC969702 07DC4201 8	2018	CNR	Replaced	Previous Filing Number:			PC-AUTO- ALLReasons.pdf, PC- MOTORCYCLE- ALLReasons.pdf, PC- MOTORHOME- ALLReasons.pdf
							Replaced Form Number:	PC96970207D C52003		
3	APPROVED 05/04/2018	Notice of Nonrenewal Personal Auto Physical damage	PN969702 0307DC42 018	2018	CNR	Replaced	Previous Filing Number:			PN-AUTOPHY- ALLReasons.pdf
							Replaced Form Number:	PN9697020307 DC52003		
4	APPROVED 05/04/2018	Notice of Nonrenewal Personal Auto all reasons	PN969702 07DC4201 8	2018	CNR	Replaced	Previous Filing Number:			PN-AUTO- ALLReasons.pdf, PN- MOTORCYCLE- ALLReasons.pdf, PN- MOTORHOME- ALLReasons.pdf
							Replaced Form Number:	PN96970207D C52003		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: AUTO PHYSICAL DAMAGE  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE



XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: MOTORCYCLE  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: MOTORHOME  
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: AUTO PHYSICAL DAMAGE  
Date of Expiration: 09/15/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
13th day of August, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE  
Date of Expiration: 09/15/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
13th day of August, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: MOTORCYCLE  
Date of Expiration: 09/15/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
13th day of August, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY  
BRANCH ADDRESS  
CITY FL 11111

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

PRODUCER'S NAME  
PRODUCER'S ADDRESS  
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER  
Type of Policy: MOTORHOME  
Date of Expiration: 09/15/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

If you dispute this action you may within 15 days of receipt of this notice, send written notification to the Commissioner of the reasons you dispute this action. The Commissioner will immediately upon receipt send us a copy of the notification. Unless the matter has already been settled, the Commissioner will determine, within 45 calendar days, if this action was authorized under the terms of the Insurance Department's Regulations. You have the right to appeal the Commissioner's decision. The Commssioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

**FAILURE TO MAINTAIN INSURANCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE VEHICLE REGISTRATION.**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

Named Insured

NAMED INSURED  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY DC 11111

Date Mailed:  
13th day of August, 2018

AUTHORIZED REPRESENTATIVE

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Oden, a West business, ...
<b>TOI/Sub-TOI:</b>	19.0 Personal Auto/19.0004 Other		
<b>Product Name:</b>	Oden Policy Terminator		
<b>Project Name/Number:</b>	DC PER Auto 51526777/DCP-CN-0518#18		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable to this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

<b>Satisfied - Item:</b>	Oden PT Filing Cover Letter and Forms list
<b>Comments:</b>	
<b>Attachment(s):</b>	Forms List.pdf ODEN PT FILING CoverLetter.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/04/2018

**Rating Organization: Oden a West Business  
610 Opperman Drive  
D3-S1220  
Eagan, MN 55123  
(651)848-3472**

**DISTRICT OF COLUMBIA  
(Personal Lines)**

**FILING REFERENCE NO. DCP-CN-0518#18**

**Cancellation & Nonrenewal Notices for Personal Lines Policies are submitted for approval based on Notice of Cancellation and Nonrenewal Update for Property and Casualty Insurers Operating in the District of Columbia – March 9, 2018. Updated the addresses and phone numbers for the District's Assigned Risk Plans. Also adding new wording regarding failure to maintain insurance may result in revocation or suspension of the vehicle registration. Filing Reference No. DCPCNR-0503 is hereby withdrawn**

**Forms to be Withdrawn:**

**New Form Numbers:**

**CANCELLATION**

**PC9697020307DC52003**

**Auto Liability & Physical Damage (or Motorcycle, Motorhome) for all permitted reasons**

**PC9697020307DC42018**

**PC96970207DC52003**

**Auto Physical Damage for all permitted reasons**

**PC96970207DC42018**

**NONRENEWAL**

**PN9697020307DC52003**

**Auto Liability & Physical Damage (or Motorcycle, Motorhome) for all permitted reasons**

**PN9697020307DC42018**

**PN96970207DC52003**

**Auto Physical Damage for all permitted reasons**

**PN96970207DC42018**



## **ODEN PT FILING MEMO**

**To: District of Columbia Department of Insurance, Securities & Banking**

**From: Oden a West Business – Rating Organization**

**Date: May 2, 2018**

**Re: Filing for approval – Cancellation and Nonrenewal Notices for Personal Auto Liability & Physical Damage, Motorcycle, Motorhome; Auto Physical Damage**

**Filing Reference # DCP-CN-0518#18**

These policy forms have been modified to the Oden Policy Terminator software program: Cancellation and Nonrenewal Notices for Personal Auto Liability & Physical Damage, Motorcycle, Motorhome, and Auto Physical Damage are submitted for approval.

Also included is a list of the form numbers for the notices. This is a replaced filing as this is a modified policy form.

The most current list of member companies on whose behalf we are submitting these filings was emailed April 9, 2018 to Denise Parker, Rate & Form Analyst.

The notices are generated from the ODEN Policy Terminator (PT), which was developed in 1995. The software program is a knowledge based program that meets the requirements of all 50 states and the District of Columbia for commercial and personal lines.

The PT program does not store forms. Rather, it generates notices for the specific state requirements of all variables based on the action being taken, the reason for the action and the policy type or coverage.

Thus, the program assigns a "form number" for each specific situation. The form number is located in the lower left-hand corner of the notice. For example: PC9697020307DC42018. (The last 5 digits are not an edition date, but rather the date of the most recent "clause" on the notice.)

If you have any questions or need further information, please do not hesitate to contact me at (651)848-3472 or by e-mail: penny.baker@thomsonreuters.com  
Or Amber King at (651)848-3451 or by e-mail: amber.king@thomsonreuters.com

Filing submitted by,  
Penny Baker  
PT Filing Administrator  
Oden, a West business  
610 Opperman Drive  
Eagan, MN 55123